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Commissioner for Patents	Scott H. Kaliko, Esq.
	SENDER'S FAX NUMBER:
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United States Patent & Trademark Office	AUGUST 3, 2006
RECIPIENT'S FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
571-273-8300	35
RECIPIENT'S TELEPHONE NUMBER:	CLIENT / MATTER:
RE:	YOUR REFERENCE NUMBER:
Application No. 10/603,285	MFS/002 CON II

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

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Please confirm receipt of this fax and the below-identified attached parts.

1. Transmittal Form/Certificate of Transmission; and
2. Fee Transmittal (2 Copies); and
3. Credit Card Payment Form; and
4. Preliminary Amendment; and
5. Information Disclosure Statement; and
6. PTO Form 1449; and
7. Copies of Canadian Office Actions (10 Sheets)

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PTO/SB/21 (07-06)

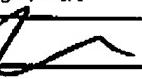
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FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

34

Application Number	10/603,285
Filing Date	June 24, 2003
First Named Inventor	Michael E. Shanahan
Art Unit	2618
Examiner Name	Tuan Hoang Nguyen
Total Number of Pages in This Submission	MES/002 CON II

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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Remarks		
<ol style="list-style-type: none"> 1. Preliminary Amendment (Adding New Claims 30-56); and 2. Credit Card Payment Form; and 3. Information Disclosure Statement; and 4. PTO Form 1449; and 5. Copies of Canadian Office Actions (10 Sheets) 		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Kaliko & Yeager, L.L.C	
Signature		
Printed name	Scott H. Kaliko, Esq.	
Date	August 3, 2006	Reg. No. 45,786

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	
Typed or printed name	Scott H. Kaliko, Esq.
Date	August 3, 2006

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*Effective on 12/08/2004,
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FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **175.00**

Complete If Known

Application Number	10/603,285
Filing Date	June 24, 2003
First Named Inventor	Michael E. Shanahan
Examiner Name	Tuan Hoang Nguyen
Art Unit	2618
Attorney Docket No.	MES/002 CON II

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>
27 - 20 or HP =	7	x 175	= 175	50	25

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3 - 3 or HP =	0	x 0	= 0		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

Date August 3, 2006

SUBMITTED BY

<u>Signature</u>	<u>Registration No.</u> (Attorney/Agent) 45,788	<u>Telephone</u> 201-831-0575
Name (Print/Type) Scott H. Kaliko, Esq.		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.

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FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
175.00

Complete if Known

Application Number	10/603,285	RECEIVED
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Examiner Name	Tuan Hoang Nguyen	AUG 03 2006
Art Unit	2618	
Attorney Docket No.	MES/002 CON II	

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
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2. EXCESS CLAIM FEES**Fee Description**

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				Fee (\$)	Fee (\$)
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HP = highest number of total claims paid for, if greater than 20.				200	100

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 0	= 0

HP = highest number of independent claims paid for, if greater than 3.

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Other (e.g., late filing surcharge): _____

Fee Paid (\$)

SUBMITTED BY	
Signature	
Name (Print/Type)	Scott H. Kaliko, Esq.
Registration No. (Attorney/Agent)	45,786
Telephone	201-831-0575
Date August 3, 2006	

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